



# Iowa Department of Human Services

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## INFORMATIONAL LETTER NO 1095

**DATE:** February 3, 2012

**TO:** Iowa Medicaid Pharmacies, Case Managers, Targeted Case Managers and Department of Human Services (DHS) Service Workers

**ISSUED BY:** Department of Human Services, Iowa Medicaid Enterprise (IME)

**RE:** Elimination of Co-pays on Medicare Part D Prescription Drugs for Dual Eligible Beneficiaries Receiving Home and Community Based Services (HCBS) Waivers

**EFFECTIVE:** January 1, 2012

The Affordable Care Act (ACA) eliminated drug co-pays for dual eligible beneficiaries (those with Medicare and Medicaid) receiving HCBS waivers starting January 1, 2012. The intent behind this change is to treat individuals at a medical institution level of care (nursing facility, ICF/MR, or hospital) in the same manner as those who are institutionalized. This letter is to inform those who may work with or advocate for dual eligible beneficiaries as you may receive requests to assist beneficiaries in receiving \$0 copays.

### HCBS Programs in Iowa

- AIDS/HIV
- Brain Injury
- Children's Mental Health
- Elderly
- Intellectual Disability
- Ill & Handicapped
- Physical Disability

### Implementation Timeline

To implement this requirement, each state is required to send a listing of dual eligible beneficiaries on HCBS waivers to the Centers for Medicare and Medicaid Services (CMS) on a monthly basis. The IME sent the listing of dual eligible beneficiaries with HCBS waivers to CMS on December 23, 2011. An updated list was sent to CMS on January 3, 2012. The IME will continue to send an updated list on the first working day of the month so that CMS is aware of the dual eligible beneficiaries qualified for \$0 copays on their Medicare Part D drugs.

Although CMS will have the information indicating who is qualified for these \$0 copays by the first of the month, this information may not be conveyed to the Part D prescription drug plans in the same timeframe. This means that when a pharmacy checks a member's copay amount, the CMS computer system may still indicate that the member owes Part D prescription drug copay. If a beneficiary is charged a copay on their Part D prescription drugs, an individual acting on behalf of the member (such as a case manager or pharmacist), may fax the Medicare Part D plan at the beneficiary's request for an adjusted copay *and* one of the proof of enrollment forms below. As soon as the plan receives this documentation, the plan must provide the \$0 copay and update the system to reflect the member's eligibility.

### **Best Available Evidence**

As part of its Best Available Evidence (BAE) policy, Medicare Part D plans must accept the following as proof that members are qualified to receive \$0 copays for their Part D prescription drugs:

- A copy of a state issued Notice of Action, Notice of Determination, or Notice of Enrollment that includes the beneficiary's name and HCBS eligibility date during a month after June of the previous calendar year;
- A copy of a state approved HCBS service plan that includes the beneficiary's name and effective date beginning during a month after June of the previous calendar year;
- A copy of a state issued prior authorization approval letter for HCBS that includes the beneficiary's name and effective date beginning during a month after June of the previous calendar year;
- Other documentation provided by the state showing HCBS eligibility status during a month after June of the previous calendar year; or
- A copy of a state issued document confirming Medicaid payment for dates of HCBS service on or after January 1, 2012, such as a remittance advice, including the beneficiary's name and dates of HCBS.

This means that a case manager or service worker may be asked for a notice of decision to show HCBS eligibility. The current notice of decisions should be sufficient for pharmacists to ensure beneficiary eligibility. The Medicare Part D plan must receive the BAE to make the change to \$0 copays. Simply informing the pharmacist of the HCBS status is insufficient. The pharmacist can help the beneficiary get the information to the plan if the pharmacist so chooses, but the pharmacist is not able to make the change in the system to permit \$0 copays.

If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909 or locally in Des Moines at 515-256-4609 or by email [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us).

You may also contact the Medicare Senior Health Insurance Information Program at 1-800-351-4554 or by email [shiip@iid.iowa.gov](mailto:shiip@iid.iowa.gov)